

Michigan Department of Community Health
Children's Special Health Care Services

FINANCIAL WORKSHEET

Purpose:

This worksheet is used to calculate a projected annual family income when there is no recent Federal Tax form or there has been a dramatic change in income from the most recent Federal Tax form, or to deduct step-parent income from the joint Federal Tax form. The family income as calculated below is then used to complete the Children's Special Health Care Services (CSHCS) Income Review/Payment Agreement (MSA-0738).

Instructions:

- Use figures from the most recent pay stub when performing calculations under **WAGES FROM EMPLOYMENT**.
 - Step 1. Column A:** Enter the gross amount year-to-date shown on pay stub
 - Step 2. Column B:** Enter the number of pay weeks represented in the year-to-date gross pay
 - Step 3. Column C:** Divide the gross pay (A) by the number of pay weeks (B).
 - Step 4. Column D:** Multiply the average weekly wages (C) by 52.
- If the household receives income from sources other than job wages, provide this information in the OTHER ANNUAL INCOME section.
- Total the income from all sources and enter the amount in # 8 of this worksheet.
- Enter the amount on # 8 of this Financial Worksheet (MSA-0742) on Line 9 of the Income Review/Payment Agreement (MSA-0738).
- Keep this worksheet for your records.

If you need assistance, contact a CSHCS representative in your local health department, or call 1-800-359-3722.

WAGES FROM EMPLOYMENT

	COLUMN A Gross Amount Year-to-Date on Pay Stub	COLUMN B Number of Weeks Year-to-Date on Pay Stub	COLUMN C Average Weekly Wages	COLUMN D Projected Annual Wages
Wages of Responsible Party #1	\$	÷	\$ x 52 =	1. \$
Wages of Responsible Party #2	\$	÷	\$ x 52 =	2. \$
Sub-Total Wages (sum of Lines 1 & 2) →				3. \$

OTHER ANNUAL INCOME (Enter each Source and the Annual Amount)

EXAMPLES: Interest, Dividends, Alimony, Business Income, Capital Gains, IRA, Pension and Annuities, Rental Real Estate, Royalties, Farm Income, Unemployment Compensation, Social Security, Veteran's Benefits, Other	Annual Amount
Source	4. \$
Source	5. \$
Source	6. \$
Sub-Total Other Annual Income (sum of Lines 4 thru 6) →	7. \$
TOTAL ANNUAL INCOME (sum of Lines 3 and 7) →	8. \$

KEEP THIS WORKSHEET FOR YOUR RECORDS. YOU MAY BE ASKED TO VERIFY YOUR FINANCIAL INFORMATION.

Enter this amount on Line 9 of the Income Review/Payment Agreement (MSA-0738)

Prepared by:	Date
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AUTHORITY: Title V of the Social Security Act
COMPLETION: Is Voluntary, but required if CSHCS program services are desired.

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